

Name		BIRTH DATE	AGE	ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE
			<input type="checkbox"/> M <input type="checkbox"/> F		
ID NUMBER		CURRENT MEDICATIONS		DRUG ALLERGIES	
		See other side for current medication list			
WEIGHT (%)	LENGTH (%)	WEIGHT FOR LENGTH (%)	HEAD CIRC (%)	TEMPERATURE	DATE/TIME

See growth chart.

BF = Bright Futures Priority Item

History

Physical Examination

BF

☐ Previsit Questionnaire reviewed

☐ Child has special health care needs

BF

Concerns/questions raised by _____
☐ None ☐ Addressed (see other side)

BF

Follow-up on previous concerns ☐ None ☐ Addressed (see other side)

BF

☐ Medication Record reviewed and updated

☒ = Reviewed w/Findings **OR** ☒ NL = Reviewed/Normal

BF

☐ GENERAL APPEARANCE _____ ☐ NL

BF

☐ SKIN (rashes, bruising) _____ ☐ NL

BF

☐ HEAD / FONTANELLE _____ ☐ NL

BF

☐ EYES (red reflex/strabismus/appears to see) _____ ☐ NL

BF

☐ EARS/APPEARS TO HEAR _____ ☐ NL

BF

☐ NOSE _____ ☐ NL

BF

☐ MOUTH AND THROAT _____ ☐ NL

BF

☐ TEETH _____ ☐ NL

BF

☐ NECK _____ ☐ NL

BF

☐ LUNGS _____ ☐ NL

BF

☐ HEART _____ ☐ NL

BF

☐ FEMORAL PULSES _____ ☐ NL

BF

☐ ABDOMEN _____ ☐ NL

BF

☐ HERNIA _____ ☐ NL

BF

☐ GENITALIA _____ ☐ NL

BF

☐ Male/Testes down _____ ☐ NL

BF

☐ Female _____ ☐ NL

BF

☐ NEUROLOGIC / GAIT (tone, strength, symmetry) _____ ☐ NL

BF

☐ EXTREMITIES _____ ☐ NL

BF

☐ MUSCULOSKELETAL (torticollis) _____ ☐ NL

BF

☐ HIPS _____ ☐ NL

BF

☐ HYGIENE _____ ☐ NL

BF

☐ BACK _____ ☐ NL

BF

Comments _____

Social/Family History

BF

Family situation ☐ Single Parent

BF

Parental support-work/family balance _____

BF

Maternal Depression ☐ Yes ☐ No _____
PHQ 9 ☐ Pass ☐ Refer
PHQ 2 ☐ Pass ☐ Refer
Edinburgh ☐ Pass ☐ Refer

BF

Parents working outside home: ☐ Mother ☐ Father

BF

Child care: ☐ Yes ☐ No Type _____

BF

Changes since last visit _____

BF

☐ Tobacco Exposure

Review of Systems

☒ = NL

Date of last visit _____

Changes since last visit _____

Nutrition:

☐ Breast milk Minutes per feeding _____
Hours between feeding _____ Feedings per 24 hours _____
Problems with breastfeeding _____
☐ Formula Ounces per feeding _____
Solid foods _____
Source of water _____ Vitamins/Fluoride _____

Elimination:

☐ NL _____

Sleep:

☐ NL _____

Behavior:

☐ NL _____
Activity (tummy time, no TV): ☐ NL _____

Development (if not reviewed in Previsit Questionnaire)

☐ PHYSICAL DEVELOPMENT
*Sits briefly, leaning forward
*Rolls over

☐ SOCIAL-EMOTIONAL
*Shows pleasure from interactions with parents or others

☐ COMMUNICATIVE
*Uses a string of vowels (ah, eh, oh)
*Beginning to recognize own name
*Enjoys vocal turn taking

☐ COGNITIVE
*Uses visual exploration
*Beginning to use oral exploration

Assessment

BF

☐ Well Child

BRIGHT FUTURES

Anticipatory Guidance

☒ = Discussed and/or handout given

☐ Identified at least one child and parent strength

☐ Raising Readers book given

BF

☐ FAMILY FUNCTIONING

BF

☐ NUTRITION AND FEEDING

BF

☐ Breastfeeding (vitamin D, iron supplement)

BF

☐ Iron-fortified formula

BF

☐ Solid foods

BF

☐ Types and amounts

BF

☐ Begin cup

BF

☐ Elimination

☐ INFANT DEVELOPMENT

☐ SOCIAL development

☐ Communication skills

☐ Sleep

☐ ORAL HEALTH

☐ Brush teeth

☐ Avoid bottle in bed

☐ SAFETY

☐ Car safety seat (infant rear facing)

☐ Falls

☐ Burns

☐ Hot water

☐ Infant walkers

☐ Drowning

☐ Choking (finger foods)

☐ Kitchen safety

☐ Poisons

☐ Sun safety

(see other side for plan, immunizations and follow-up)

NAME	Male Female	Medical Record Number	DOB Actual age (months): 0 5 0 6 0 7 0 8
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Current Medications

Plan

BF Patient is up to date, based on CDC/ACIP immunization schedule. Yes No
If no, immunizations given today. Yes No
ImmPact2 record reflects current immunization status: Yes No

Immunization plan/comments

Ask about WIC

BF Laboratory/Screening results

Hearing screen
Previously done Date completed

Oral Health
Oral health risk assessment Completed Low Mod High
Has a dental home Yes No
Dental fluoride varnish applied Yes No
Well water testing Yes No

MaineCare Member Support Requested

- Transportation to appointments
- Find dentist
- Find other provider
- Make doctor's appointment
- Public Health Nurse referral
- Family aware

BF Referral to

BF Follow-up/Next Visit

Narrative Notes:

EXAMINER'S SIGNATURE	DATE
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